

Health,
& Welfare
Public
Service

S. 300
y. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

454888
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 430

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bonne Terre, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre, Mo.			Length of stay in 1b Residence		d. STREET ADDRESS (If outside, give location) 910 Benham St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle August Last Cartee				4. DATE OF DEATH Month Dec Day 27 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 14, 1883		9. AGE (In years - last birthday) 74	IF UNDER 1 YEAR Months 6 Days 13	IF UNDER 24 HRS. Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) St. Francois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Cartee				14. MOTHER'S MAIDEN NAME Sarah Thompson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. 702-18-3085		17. INFORMANT Address Clarence Cartee St. Louis, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH abt. 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Coronary thrombosis		DUE TO (c) 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive cardiovascular disease							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Bonne Terre, Mo.		COUNTY STATE 	
21. I attended the deceased from 4/4/54 to 12/27/57 and last saw ^{him} him alive on 12/27/57 Death occurred at abt. 6:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Robert W. Miller</i> (Degree or title) MD				22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 12/31/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-29-57	23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem Park		23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.		
24. FUNERAL DIRECTOR Sparks Funeral Home. Bonne Terre, Mo.			ADDRESS 		25. DATE RECD. BY LOCAL REG. Dec. 31, 1957	26. REGISTRAR'S SIGNATURE <i>Eather Rudloff</i>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Everett Sparks*.....

Licensed Embalmer No. *428*

P. O. Address *Bonnie Lee Mc*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.